

**UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM**

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**APPLICATION FOR WARM WATER FINFISH
FISH HEALTH APPROVAL (NATIONAL)**

The purpose of this form is to determine if testing and disease history information is adequate for the species you propose to ship into Utah. In addition, the information will be used to assess the risk to Utah's commercial fish industry and native fishes. Please fill out the form as completely as possible, and then send it to the above address.

NAME:

ADDRESS:

PHONE:

SPECIES TO BE APPROVED:

Indicate if any of the species is ☐ ESA ☐ Threatened ☐ Endangered ☐ Special concern

Comments _____

Do you rear fish at your facility or act as a broker?

Have you reared or brokered any species of salmonid (eggs or fish) on your facility within the last five years? Yes ___ No ___ If yes, explain and attach fish health inspection record.

Have the species to be approved been reared at any time in waters connected with salmonid operations? Yes ___ No ___ If yes, explain.

Are the species to be approved in waters contaminated with any of the following problem pathogens? Yes ___ No ___ If yes, please specify. IHNV, IPNV, VHSV, OMV, PKX, MC, RS, CS, BA; LMBV, CCVD, BC, CF, EUS, NS (*see attached pathogen list for descriptions*).

If the species you wish to be approved is susceptible to or positive for the Asian tapeworm (*hosts list attached*), please attach fish health inspection or testing results for your facility and for the facilities you import fish from (60 fish/water source/year). Please include date, inspector's name and certification information

Have the species to be approved been reared at any time in waters containing cyprinids? Yes ___ No ___ If yes, indicate species.

Indicate species of aquatic vertebrates, plants and crustaceans living in the water source and/or in the water containing the species to be approved.

Indicate all species cultured for the past 5 years in the waters presently containing the species to be approved.

Indicate source of water used for the species to be approved: Closed spring ___ Well ___ Open spring containing fish (indicate species) _____ Other _____

If grass carp are to be approved, have you attached the triploidy certification? Yes ___ No ___

Is your facility located in an Asian tapeworm endemic area? Yes ___ No ___

If yes, are fish in the waters of your facility infected with Asian tapeworm? Yes ___ No ___

If bass, sunfish, or crappie are in the waters leading to or containing the species to be approved, are they endemic carriers of LMBV? Yes ___ No ___

If yes, are the fish carriers of LMBV? Yes ___ No ___

Indicate nuisance species endemic to your waters (*nuisance species list attached*).

What is the origin and transfer history of your fish (all previous and current growers you have purchased from)? When were fish last received? How frequently are fish received?

Specify nature and cause of fish mortalities at your facility for the previous year (cause, percent and numbers lost, date, source etc.) _____

Describe fish losses in transit to your facility for the last year (cause, percent and numbers lost, date, etc.)

Are you currently undergoing any type of fish losses at your facility? Yes ___ No ___ If yes, explain.

Regional fish pathologist/health inspectors involved with testing fish imported or reared by you:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Steps to qualify for importation Approval:

1. Complete this form and submit it to Utah Dept of Agriculture and Food (UDAF)
2. Testing: Testing of the aquatic animals cultured or present at the farm and/or species to be approved may be required as part of the approval process. The nature of the testing would depend on the history of diseases at the facility as completed in this application; it would also depend on the species to be approved and the aquatic animals present or cultured at the facility. The most recent inspection should be within the previous 12 months. Current AFS Blue Book or OIE test methods are required. If the species to be approved is:
 - (1) A known host of IPN virus (host list attached), then testing for IPNV is required.
 - (2) Crappie, sunfish, bluegill, perch or bass: test for LMBV and IPNV.
 - (3) A known host of Asian tapeworm (*Bothriocephalus acheilognathi*), then treatment or testing for the worm are required (*host list and policy statement attached*). In addition, triploidy testing must be done before grass carp may be imported. **Attach fish health inspection or testing results for your facility and for the facilities you import fish from** (60 fish/water source/year). The most recent test shall be within the last 12 months. The inspection report shall include dates tested, numbers and ages of fish tested, fish species tested, results, and name of inspector and laboratory.
 - (4) Virology testing: Current Blue Book or OIE methods are required. Two cell lines are required and should be selected depending on the fish species to be approved. One of the cell lines should be highly sensitive to IPNV. For bass approvals, one of BF2 or FHM should be used. The most recent test shall be within the last 12 months. The inspection report shall include dates tested, numbers and ages of fish tested, fish species tested, results, name of inspector and laboratory. (Note: findings of any filterable agent may result in denial of fish health approval.)
3. Pending receipt and satisfactory review of the above fish health approval may be granted. Once approval is granted, live fish (of the species approved) may be imported. To import, contact UDAF for an entry permit. A health statement is required for each shipment.
4. Health Statement. Because there is no standard inspection protocol for warmwater finfish species, it is important that a Health Statement be submitted to UDAF for attachment to the Entry Permit. The Health Statement is a statement that the fish to be imported are not currently sick at the time of import and have been healthy for the past 45 days. It is to be signed by an authorized fish pathologist, inspector, or individual approved by UDAF. The Health Statement (copy attached) shall address the following:
 1. No signs or knowledge of IPN, or diseases caused by other filterable agents (LMBV);
 2. No signs of overt hamburger gill disease (PGD), CCV or ESC of catfish;
 3. No record of other diseases in overt or clinical state;
 4. No Ich;
 5. No Asian tapeworm, otherwise provide a completed Utah Notice of Treatment or Testing form;
 6. No *Bulbophorus confusus* in catfish.
 7. No *Centrocestus formosanus*.

CERTIFICATION

I certify the information submitted in this application is complete and accurate to the best of my knowledge and belief. I understand any false statement herein may result in the denial or revocation of this application. I understand that overt disease need not be present to disqualify.

Signature _____ Date _____